

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		1-11-0
CLP/E CLASSIFIER	<i>ph</i>		10-24-00
FORMALITY REVIEW	<i>2H</i>	32583	11/03/00
RESPONSE FORMALITY REVIEW	<i>Request</i>	925	04-11-01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 ○ \_\_\_\_\_ Allowed  
 - (Through numeral) Canceled  
 + \_\_\_\_\_ Restricted  
 H \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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If more than 150 claims or 10 actions  
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